

Name  
in  
Full

*Lillian Mae Bauman*

CERTIFICATE OF DEATH

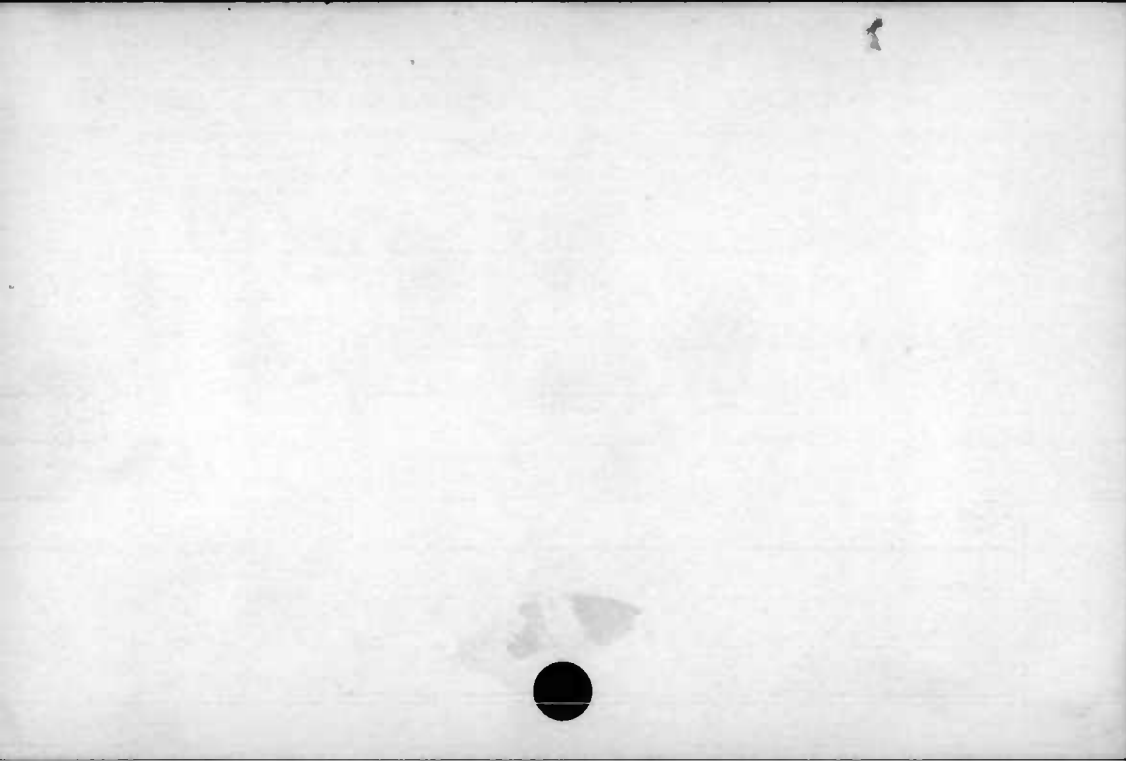
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Accident</i>		Town		County		MAYLAND	
Date of death 190	3	Month	July	Day	29	Age	<del>78</del> 13
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Accident</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Eduard Bauman</i>				<i>Accident</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Elizabeth Brennum</i>				<i>Pennsylvania</i>			
Name of person giving information				How related to deceased			
<i>Christian Brennum</i>				<i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malformation</i>	How long	<i>150</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H.R. Bayer MD</i>
<i>Yes.</i>		Address	<i>Accident MD</i>
Accident or Suicide?			



Name  
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Leo A. Deibler X

## CERTIFICATE OF DEATH

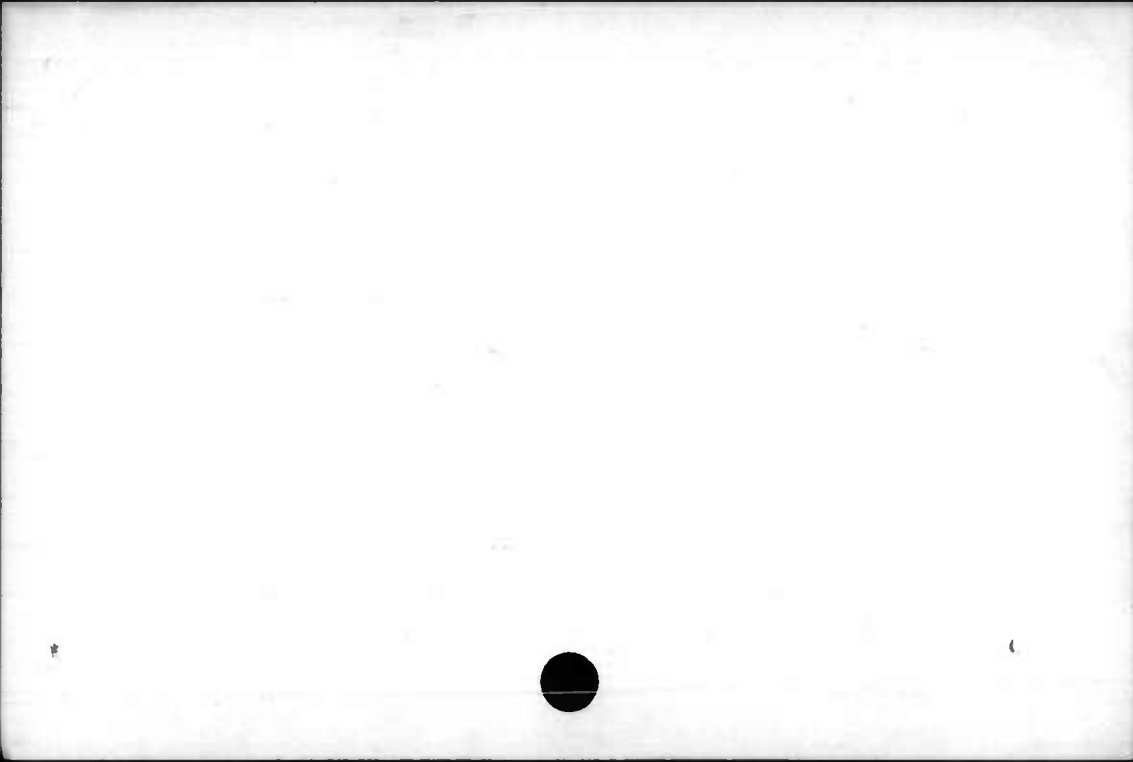
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grantsville</i>		County <i>Ga. County</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>31</i>	Age	Years	Months <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ga. Md</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Grant Deibler</i>			Father's Birthplace <i>Lycoming Pa</i>		
Mother's Maiden Name <i>Rachel S. McKenney</i>			Mother's Birthplace <i>Ga. Md</i>		
Name of person giving information <i>Grant Deibler</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>14 days</i>
Immediate <i>Inflammation Brain</i>	How long <i>12 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Berans</i>
	Address <i>Grantsville Md</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

Infant

X

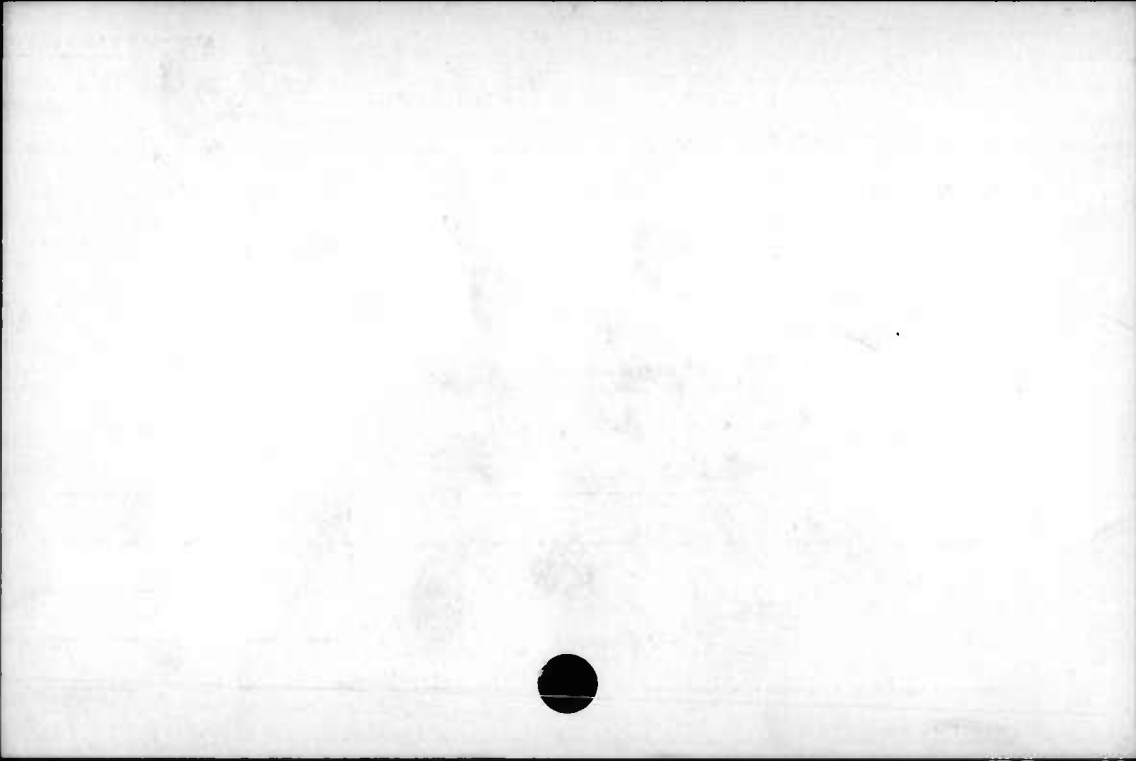
TO BE ANSWERED BY  
NEAREST FRIEND

Still Born		Town Hoy		County Garren		MARYLAND	
Died at near		Month July		Day 14		Age Years	
Date of death 1903						Months	
						Days	
Sex Male		Color or Race white		Birth- place near Hoy			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Ruben Enlow				Father's Birthplace Md			
Mother's Maiden Name Lora M. Cuppet				Mother's Birthplace W. Va			
Name of person giving information Ruben Enlow				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate Still Born		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician no physician on this case	
		Address Friendsville Md	
Accident or Suicide?		S. Savage, Undertaker	



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Hoester Jane Gerratt</i> X		Town <i>New Oakland</i>		County <i>Gerritt</i>		MARYLAND	
Died at <i>New Oakland</i>		Month <i>July</i>		Day <i>22</i>		Age <i>57</i>	
Date of death 1903		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>N. Va.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>J. J. Gerratt</i>							
Father's Name <i>Isaac Kline</i>		Father's Birthplace <i>Nd</i>					
Mother's Maiden Name <i>Elizabeth V. King</i>		Mother's Birthplace <i>Nd</i>					
Name of person giving information <i>J. J. Gerratt</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>		How long <i>9 months</i>	
Immediate <i>120</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Ransom</i>	
		Address <i>Oakland</i>	
Accident or Suicide? <i>2</i>			





Name  
in  
Full

Sophia Gissmann

X

## CERTIFICATE OF DEATH

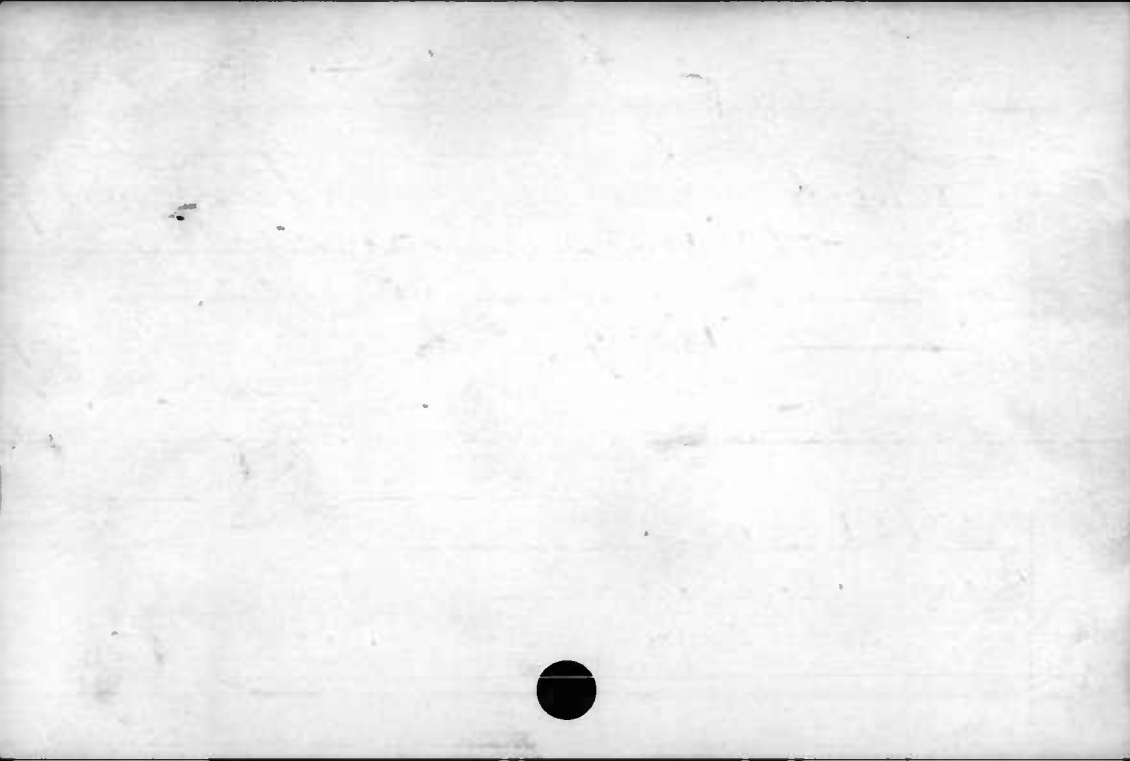
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Frank Bacarlo

Town

County

Died at Jennings, Maryland

Date 1903 July 1st Age 3  
Male White Married Widow  
Female Colored Single Widower  
Occupation None  
Number of children living

Husband of  
Wife of  
Father's Name Michele Bacarlo  
Mother's Name Annala Lucack  
Maiden Name

Cause of Death { Primary Not Known Immediate  
How long sick 3 days  
Accident, Suicide, Homicide

Reported by H. L. Berano  
Address Franksville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
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Full

Ming May Humbertson X

## CERTIFICATE OF DEATH

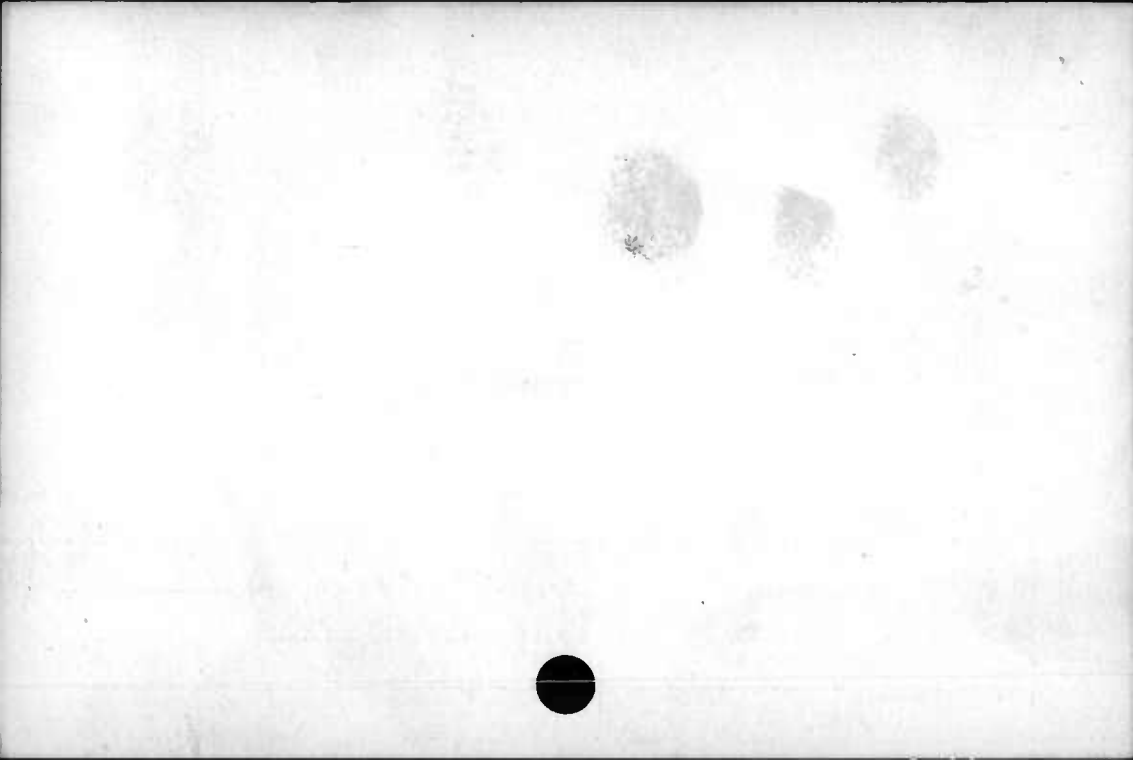
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Friendville</i>		<sup>County</sup> <i>Garrett</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>12</i>	Age Years <i>18</i>	Months <i>11</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Hiram Humbertson</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Catherine A. Humbertson</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Catherine et Humbertson</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

Physician  
OR CORONER  
*Under take*

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address <i>Friendville. MD</i>	
Accident <del>and</del> <i>Poison</i>	<i>J. Savage Undertaker</i>



Name In Full		Carl Roman X				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Friendsville		<sup>County</sup> Garrett		MARYLAND		
		Date of death 1903	Month 7	Day 15	Age	Years	Months 3	Days 20
		Sex <del>Female</del> Male	Color or Race wht.		Birth-place		Krug Md	
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name Arthur Roman			105	Father's Birthplace Pa		
		Mother's Maiden Name Patton				Mother's Birthplace Pa		
		Name of person giving information H. Mason Md				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Cholera Infantum			How long 3 wks			
		Immediate Spasms			How long			
		Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician H. Mason			
					Address Friendsville Md			
		Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		James Mc Gruder				CERTIFICATE OF DEATH	
Died at		Town New Barton		County in Garrett		MARYLAND	
Date of death 1903		Month July		Day 15		Age Years 83.	
Sex Male		Color or Race White		Birth- place Alley Co		Months 4 Days 25	
<del>Married, Single or Widowed</del>				Occupation Farmer			
Name of Wife or <del>husband</del>				Jane Bernard			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace,			
Name of person giving In formation				Mrs Alfred Durst			
				How related to deceased			
				Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		General debility 154		How long	
Immediate		Acute Gastritis		How long 6 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				St. Boucher Barton	
Accident or Suicide?					



Name

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Full

Edna Miller

X

## CERTIFICATE OF DEATH

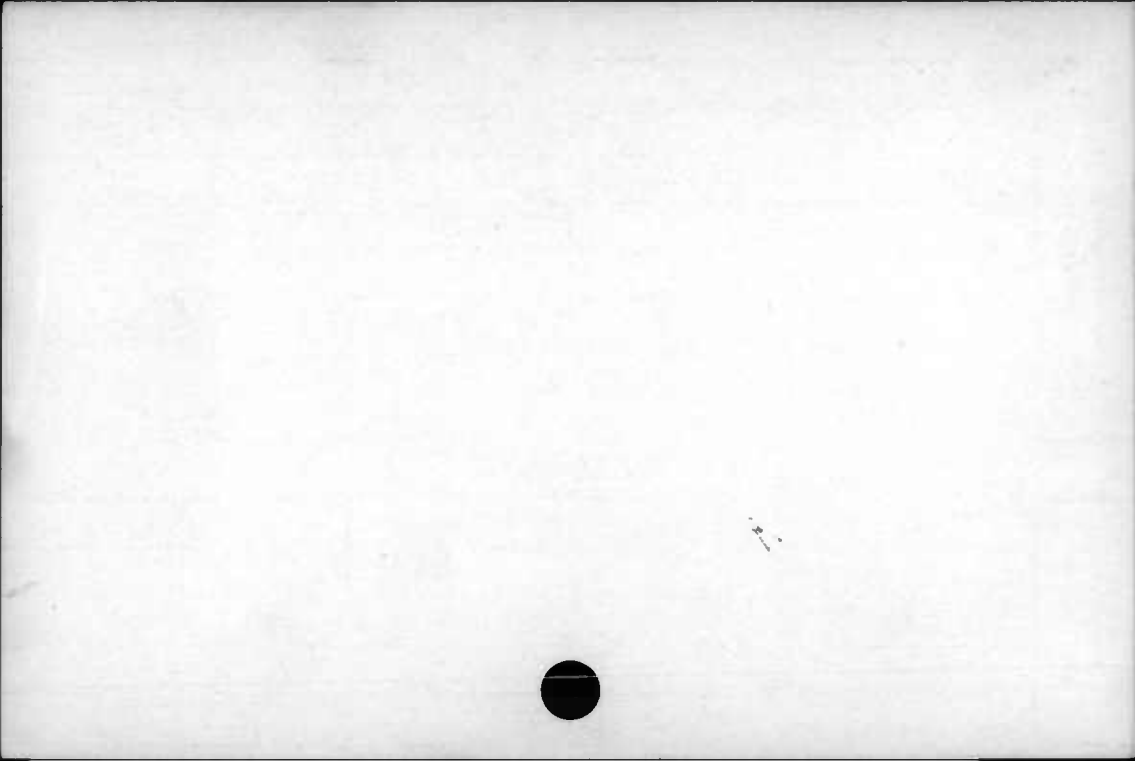
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Engles mill</i> <small>Town</small>		<i>Correct</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>July</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>one</i> <small>Years</small>	<i>25</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Englesmills</i>		Occupation	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <i>Samuel T Miller</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anna Wilhelm</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Silas Miller</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>Two weeks</i>
Immediate <i>Measles</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.R. Bayen</i>
	Address <i>Accident</i>
Accident or Suicide?	<i>MO</i>



Name  
in  
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NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mary A. Shaw*  
*Granville* <sup>Town</sup> *Sarret* <sup>County</sup>Date of death *1903* <sup>Month</sup> *July* <sup>Day</sup> *13<sup>th</sup>* <sup>Years</sup> *47* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White* Birth-placeOccupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

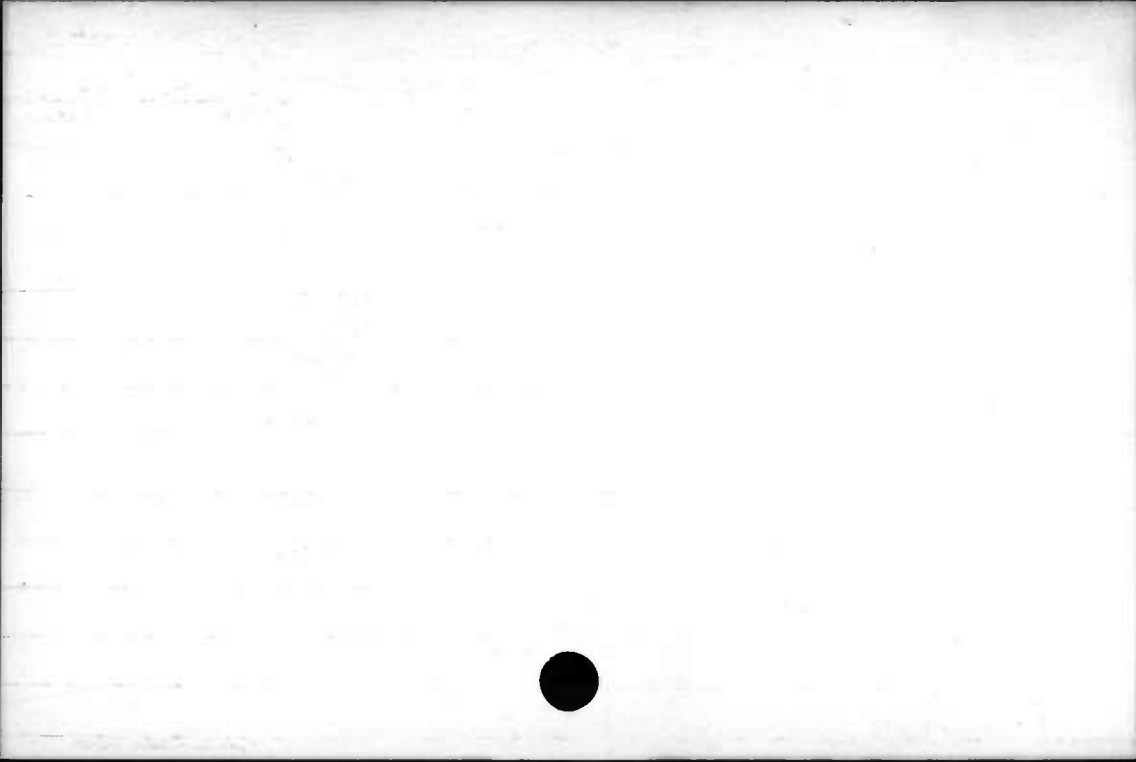
## CAUSES OF DEATH

Primary *Epileptic coma* How long *2 days*Immediate *Cardiac paralysis* How long

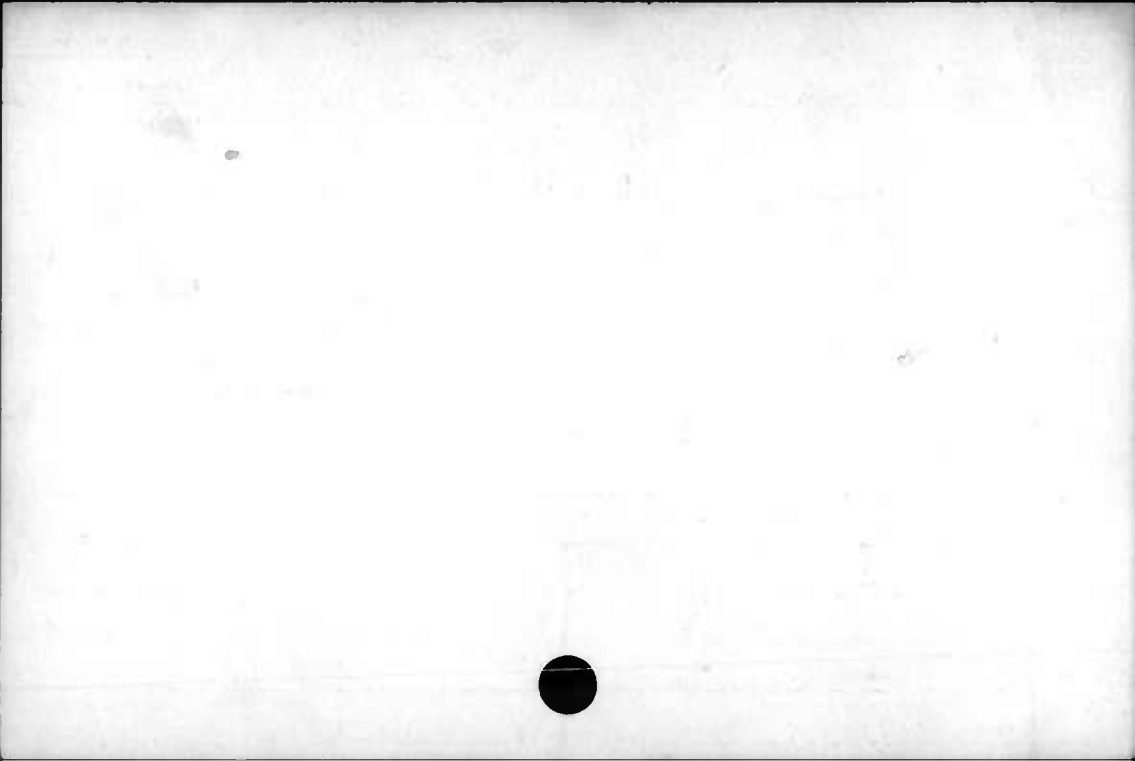
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. D. Linderbaugh*Address *Monticello*

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Sang Run		Garrett		MARYLAND	
		Date of death 1903	Month	Day	Age	Years	Months	Days	
		Sex		female		Color or Race		white	
		Birth-place		Garrett Co		Occupation			
		Married, Single or Widowed				Name of Wife or Husband			
		Father's Name		Peter Sines		Father's Birthplace		Maryland	
Mother's Maiden Name		Elle T. Johnson		Mother's Birthplace		" "			
Name of person giving information		Peter Sines		How related to deceased		Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
		Address				Address			
		Accident or Suicide?				Address			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Asbury Hall</i>		Town <i>Asbury</i>		County <i>Holm</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>13</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Nancy</i>							
Father's Name <i>Jacob Hoff</i>			27		Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>					Mother's Birthplace <i>—</i>		
Name of person giving information <i>Henry St. Louis</i>					How related to deceased <i>son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>—</i>	How long
Immediate <i>Tuberculosis</i>	How long <i>over a year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Roussault</i>
	Address <i>Oakland, Ill</i>
Accident or Suicide?	

